



#41 Reg for  
Refund DCP & REF  
01-092-03  
Room 304

PATENT  
3875-0108P

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: Ivan TOMASI et al. Conf.: 5106  
Appl. No.: 10/077,973 Group: Unassigned  
Filed: February 20, 2002 Examiner: UNASSIGNED  
For: UMBRELLA-TYPE FOLDING FRAME PARTICULARLY FOR PUSH-  
CHAIRS  
Control No.: 10077973

Assistant Commissioner for Patents  
Washington, DC 20231

September 24, 2002

ATTN: W.P. ERWIN, DIRECTOR OF FINANCE  
REFUND SECTION  
ACCOUNTING DIVISION  
OFFICE OF FINANCE

REQUEST FOR REFUND  
(Improper Charge of Deposit Account)

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account  
02-2448 shown on the statement dated for the above-identified

application  
 patent  
 A copy of the monthly statement in which the error referred to occurs,  
accompanies this request.

## II. FEES CHARGED FOR WHICH REFUND REQUESTED

	<u>AMOUNT OF REFUND REQUESTED</u>
<input type="checkbox"/> filing fee	_____
<input type="checkbox"/> surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
and/or	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input type="checkbox"/> extension of term	_____
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input checked="" type="checkbox"/> excess claims	<u>54.00</u>
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> petition fee	_____
<input type="checkbox"/> patent maintenance fee	_____
<input type="checkbox"/> first maintenance fee	_____
<input type="checkbox"/> second maintenance fee	_____
<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/> patent maintenance fee surcharge	_____
<input type="checkbox"/> Other: _____	_____
_____	
TOTAL REFUND REQUESTED	<u><b>\$54.00</b></u>

III. EXPLANATION OF WHY CONTESTED CHARGE IS AN ERROR

As the U.S.P.T.O. will note, the Applicant submitted a check in the amount of \$1312.00 on February 20, 2002. The fee was for \$740.00 (filing fee), \$252.00 (14 excess claims of 20), \$280.00 (multiple dependent claim fee), and \$40.00 (Assignment). Accordingly, the Applicant did, in fact, pay the excess claim fee for 14 claims.

IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By   
Joseph A. Kolasch, #22,463

P.O. Box 747  
Falls Church, VA 22040-0747  
(703) 205-8000

JAK/clb  
3875-0108P

Attachment

(Rev. 12/07/01)

PTO LogoDeposit Account Statement

Requested Statement Month:

March 2002

Deposit Account Number:

022448

Name:

BIRCH STEWART KOLASCH &amp; BIRCH

Attention:

Address:

8110 GATEHOUSE ROAD

City:

FALLS CHURCH

State:

VA

Zip:

22042

DATE SEQ	REF	POSTING	ATTORNEY	FEE	AMT	BAL
			DOCKET	CODE		
			NBR			

03/13 1	10077973	3875-0108P	103	\$54.00	\$23,340.13
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file